

EXHIBIT B

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: NEBA, MARIE	Reg #: 99403-379	Complex: CRW
Date of Birth: [REDACTED]	Sex: F	

Report of Consultation: Oncology

Inmate Name: NEBA, MARIE
 Date of Birth: [REDACTED]
 Institution: CARSWELL FMC
 NAVAL AIR STATION
 FORT WORTH, Texas 76127
 8177824000

Assessment:
*Pt seen in flu. On 1st line
 letrozole + Ibrance. On Xgeva.
 vss ② breast - feels softer.*

HPI: ① MBC - bone mets.
Diag 5/17 - gr 3 IDC, ER 100%.
Plan: PR 50%, HER2-, Ki 50%.
*8/17-9/17 - Taxol weekly x7
 10/17 - 1st line letrozole + Ibrance started.
 PET 3/18 - Response noted. Right
 breast mass SUV 7.5, ② bone mets.*

Signature _____
 Date _____

Completed By: ② Bone mets - Cont Xgeva

3/26/18

p: 84

97%

141/56

Subtype: Onsite oncology clinic

Reg #: 99403-379
Sex: F

141/56

Orders:

- ① Cont letrozole
- ② Cont Ibrance 125mg 3wks on, 1wk off
- ③ Cont Xgeva q4 wks
- ④ Flu in 2mos & CBC CMP, 04/27/19.

Prasanthi Ganesa, MD

Report may be hand-written or (preferably) typed on this form. If dictated on office or hospital letterhead to follow, please indicate essential findings or recommendations to be acted upon pending final report.

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Please notify institution prior to scheduling surgery dates or follow-up appointments.

Inmate not to be informed of appointment dates.

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: NEBA, MARIE
Date of Birth: [REDACTED]

Reg #: 99403-379 Complex: CRW
Sex: F

Report of Consultation: Oncology

Inmate Name: NEBA, MARIE
Date of Birth: [REDACTED]
Institution: CARSWELL FMC
NAVAL AIR STATION
FORT WORTH, Texas 76127
8177824000

1/29/18
98% P:88
182/86
179/89

Subtype: Onsite oncology clinic
Reg #: 99403-379
Sex: F

Assessment:
Pt seen in flu. On 1st line
letrozole + Ibrance. Gp arthrit's.
On Xgeva.

VSS Br-(R) breast - LOQ mass about
3-4cm. gskin & s.

① MBC - stage IV, bone met.
Plan: Qxd 5/15/17 - gr3 IDC ER100%,
PR 50%, HER2 (0), Ki 50%.

- 8/17-9/17- weekly taxol X7 (response in
- 10/17- Transferred to Carswell br mass)

- 10/17- 1st line letrozole + Ibrance started

Signature Date
- PET 10/23/17 - (+) diffuse bone met's,
(+) right breast mass, hilar & pelvic LAD.

Completed By:

② Bone met's - cont Xgeva q4wks

- ① Cont letrozole
- ② Cont Ibrance
125mg po 3wks on,
1wk off
- ③ Cont Xgeva
- ④ PET/CT - before
next visit

⑤ Flu = me in
+ month E
lab + wk prior -
CBC, CMP, CT 27.29.

R Ganesh

Report may be hand-written or (preferably) typed on this form. If dictated on office or hospital letterhead to Dr. Ranathi Ganesh, MD follow, please indicate essential findings or recommendations to be acted upon pending final report.

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Inmate not to be informed of appointment dates.

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: NEBA, MARIE	Reg #: 99403-379	Complex: CRW
Date of Birth: [REDACTED]	Sex: F	

Report of Consultation: Oncology

Subtype: Onsite oncology clinic

Inmate Name: NEBA, MARIE

Reg #: 99403-379

Date of Birth: [REDACTED]

Sex: F

Institution: CARSWELL FMC
NAVAL AIR STATION
FORT WORTH, Texas 76127
8177824000

10/26/18

P. 77 916%

10/1/67

Assessment:

PT seen in flu. On letrozole +
Ibrance. Rx Xgeva q 4 wks.
do leg pain (R).
VSS abx 3 moa
now
Lob

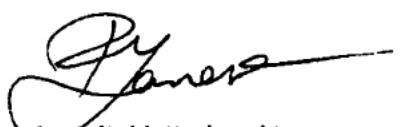
Orders:

- ① Cont letrozole
- ② Cont Ibrance 125mg
3wks on, 1wk off
- ③ Change Xgeva to ~~q 8 weeks~~
q 8 weeks
- ④ PET scan before
next visit
- ⑤ flu in 3 mos?
CBC, CMP, CA 27.29

Signature
Date

Completed By:

② Bone mets - cont Xgeva, but
OK to Δ to q8 wks.



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Please notify institution prior to scheduling surgery dates or follow-up appointments. **Prasanthi Ganesa, MD**

Inmate not to be informed of appointment dates.



Center for Cancer and Blood Disorders
800 West Magnolia Avenue
Fort Worth TX 76104
Phone: 817-759-7000 Fax: 817-759-7027

Patient Name: NEBA, MARIE

DOB:

Physician: JEANETTE GRULLON-MEJIA

MRN:

Date of Exam:

Accession:

103168

07/16/2018

TCC00035870

Exam: PET/CT SKULL BASE TO MID THIGH (78815)

Reason: BREAST CA. BONE METS

Final Report

EXAM: POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY (PET/CT) WHOLE-BODY STUDY

HISTORY: Right breast cancer post chemotherapy with history of bone metastasis. Restaging.

TECHNIQUE: Approximately 60 minutes following the IV administration of 9.8 mCi of 2-[18F] fluoro-2-deoxy-D-glucose (FDG), whole body imaging is performed from a Siemens Biograph Sensation-16 PET/CT scanner. Imaging is performed from the mid skull to the mid thighs.

All CT scans are performed using dose optimization technique as appropriate to a performed exam including automated exposure control and/or standardized protocols for targeted exams where dose is matched to indication/reason for exam/patient size.

COMPARISON: Prior whole body PET/CT dated 3/23/2018.

FINDINGS:

There are again identified bilateral posterior cervical lymph nodes in the subcutaneous tissues which have a similar appearance compared to the previous study with the largest on the left measuring 8 mm in the short axis with stable mild to moderate uptake of 2.76 maximum SUV. There is otherwise normal activity within the soft tissues of the neck, axillary, mediastinal and hilar regions. There is again identified a right breast irregular soft tissue mass with overlying skin thickening similar to the previous study measuring 4.5 x 2.9 centimeters and previously measuring 4.5 x 3.0 cm no significant change. There is stable moderate uptake with maximal uptake of 3.39 SUV and previously measuring 3.45 SUV, no significant change. There is normal activity throughout the lungs. There is normal activity throughout the soft tissues of the abdomen and pelvis. There is moderate stool throughout the colon. The appendix is normal. There is no adenopathy. There is normal activity throughout the visualized skeletal structures. There are again identified multifocal sclerotic bone metastasis throughout the spine and manubrium consistent with treated disease but without evidence of abnormal uptake. There is also focal stable lytic lesion involving the left aspect of L4 vertebral body.

IMPRESSION:

1. Stable right inferior lateral breast mass with moderate uptake. This is not significant changed in size or degree of uptake compared to the previous study. There is no new metastasis.

99403 - 379

FROM:API DEV (8173396606) TO:817-735-7724

18-Jul-2018 09:38 CT PAGE: 2/2

103168 NEBA, MARIE Page 2 of 2

TCCC0035870 PET/CT SKULL BASE TO MID THIGH (78815)

2. Stable multifocal sclerotic bone metastasis in throughout the spine and manubrium but without evidence of abnormal uptake consistent with treated disease.

3. Stable small nonspecific bilateral posterior cervical lymph nodes with mild to moderate uptake.

Finalized BY:DAVID, JAMES K MD 07/16/2018 12:36:26

Report Ends

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**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: NEBA, MARIE	Reg #: 99403-379	Complex: CRW
Date of Birth: [REDACTED]	Sex: F	

Report of Consultation: Oncology

Inmate Name: NEBA, MARIE

Date of Birth: [REDACTED]

Institution: CARSWELL FMC
NAVAL AIR STATION
FORT WORTH, Texas 76127
8177824000

Subtype: Onsite oncology clinic

Reg #: 99403-379
Sex: F7/30/18

P: 74 98%

130/63

Assessment:

Pt seen in flu. On 1st line
letrozole + Ibrance. On Xgeva.
VSs a/o x3 nad norm stab
Labs reviewed - CA 27.29 14 <18

Orders :

- ① Cont letrozole
- ② Cont Ibrance 125mg
3wks on, 1wk off
- ③ Cont Xgeva q 4wks
- ④ Compazine 10mg
po q 6⁰ pm nausea
- ⑤ flu in 3 mos &
CBC, CMP, CA 27.29

AP: ① MBC - bone mets.
Plan: Dx'd 5/17 - gr 3 IDC, EFT/PRT/HER2+,
Ki 60%.

8/17 - 9/17 - Taxol weekly x 7
10/17 - 1st line letrozole + Ibrance

Signature BT (7/18) - no new mets, stable
Date bone mets.

-Cont current therapy.

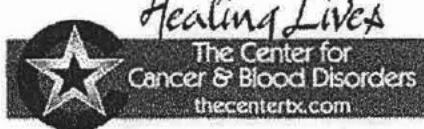
- Completed By:
- ② Nausea - compazine prn
 - ③ Bone mets - Cont Xgeva

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Inmate not to be informed of appointment dates.



FMC CARSWELL
99403-379

Center for Cancer and Blood Disorders
800 West Magnolia Avenue
Fort Worth TX 76104
Phone: 817-759-7000 Fax: 817-759-7027

Patient Name:	NEBA, MARIE	MRN:	103168
DOB:		Date of Exam:	03/23/2018
Physician:	JEANETTE GRULLON-MEJIA	Accession:	TCC00033026

Exam: PET/CT SKULL BASE TO MID THIGH (78815)

Reason: BREAST CA

Final Report

EXAM: PET/CT SKULL BASE TO MID THIGH (78815)

HISTORY:

Breast cancer

TECHNIQUE: Approximately 60 minutes following the IV administration of 9.1 mCi of 2-[18F] fluoro-2-deoxy-D-glucose (FDG), whole body imaging is performed from a Siemens Biograph Sensation-16 PET/CT scanner. Imaging is performed from the base of the skull to the proximal thighs. Patient's glucose level at the time of injection was 90 mg/dl.

Dose reduction techniques were utilized. These techniques include one or more of the following: automated exposure control (AEC); adjustment of mA and/or KV according to patient size; use of iterative reconstruction technique; CT scan done according to ALARA (As Low As Reasonably Achievable) or ALARA-Image Gently.

COMPARISON: PET/CT exam 10/23/2017.

FINDINGS:

Images through the base of the brain are unremarkable.

Previously there were some level 2 lymph nodes in the left neck described. This is unchanged measuring 7 mm with uptake to an SUV max of 2.6.

Right cervical triangle lymph node at table position 984 measures 6 mm uptake and SUV max of 3.1. Left cervical triangle lymph node at table position 969 measures 7 mm with uptake and SUV max of 2.8.

In the posterior subcutaneous fat at the neck and table position 1014, there are 2 small subcentimeter lymph nodes present. These have increased in size from the previous exam. On the right this demonstrates uptake to an SUV max of 2.9, and on the left there is uptake to an SUV max of 2.9 as well.

No enlarged axillary lymph nodes are present. Small 5 mm right axillary lymph node previously discussed is not FDG avid.

Spiculated right breast mass is again noted demonstrating uptake to an SUV max of 3.5 with associated adjacent right breast skin thickening and mild uptake. This is not significantly changed from the previous exam.

FROM:API DEV (8173396606) TO:817-735-7724

23-Mar-2018 15:51 CT PAGE: 2/2

103168 NEBA, MARIE

Page 2 of 2

TCC00033026 PET/CT SKULL BASE TO MID THIGH (78815)

No FDG avid or enlarged mediastinal or hilar lymph nodes. Previously there were 2 right hilar FDG avid lymph nodes described, these are not apparent on the current exam.

No FDG avid lesions in the lungs.

No FDG avid lesions in the liver. Previously there was a focus of uptake described in the retroperitoneal region and this is not present on the current exam.

Numerous sclerotic lesions of the thoracic and lumbar spine suggestive of treated bony metastases.

Previously there was a lesion in L4 appears treated as well with uptake to an SUV max of 3.1, previously 5.8. Numerous sclerotic metastases noted involving the sternum, right humerus, sacrum and pelvis. These are not FDG avid.

IMPRESSION:

Right breast mass corresponding to the patient's right breast cancer appears similar with relatively similar uptake.

Previously there were right hilar FDG avid lymph nodes and these have resolved.

Extensive non-FDG avid bony metastases. Most of these appear sclerotic/treated. Previously seen lytic lesion in L4 demonstrates decreased FDG uptake.

There are some small lymph nodes in the posterior neck on both sides that demonstrated FDG avidity.

Finalized BY:LOBO, STEPHEN MD 03/23/2018 15:02:33

Report Ends

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Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	NEBA, MARIE	Reg #:	99403-379
Date of Birth:	[REDACTED]	Facility:	CRW
Note Date:	03/27/2018 13:33	Unit:	G02

Review Note - Consultation Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Grullon-Mejia, Jeanette MD

Oncologist recommends follow up in 2 months with labs.

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-CA 27.29	One Time	05/09/2018 00:00	Routine

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Oncology	05/24/2018	05/24/2018	Routine	No	

Subtype:

Onsite oncology clinic

Reason for Request:

Oncologist recommends follow up in 2 months with labs. (Ordered)

Provisional Diagnosis:

Metastatic breast cancer

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Grullon-Mejia, Jeanette MD on 03/27/2018 13:35

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: NEBA, MARIE	Reg #: 99403-379	Complex: CRW
Date of Birth: [REDACTED]	Sex: F	

Report of Consultation: Oncology

Inmate Name: NEBA, MARIE
 Date of Birth: [REDACTED]
 Institution: CARSWELL FMC
 NAVAL AIR STATION
 FORT WORTH, Texas 76127
 8177824000

5/21/18

Subtype: Onsite oncology clinic

Reg #: 99403-379

Sex: F

1163

Wt: _____ B/P: _____ Temp: _____

Assessment:

Pt seen in flu. On 1st line
 letrozole + Ibrance. On Xgeva.
 v/s of x3 red
 (P) breast / soft
 CA 27.29 - 18

MAY 21 2018

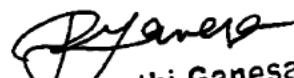
P: 68 R: _____ O2: 94%
 90

- (1) Cont letrozole
- (2) Cont Ibrance 25mg
- (3) Cont Xgeva q4 wks

Plan: D/d 5/17 - gr 3 IDC, ER+, PR+,
 HER2, Ki67 70
 8/17 - 9/17 - Taxol weekly x 7
 10/17 - 1st line letrozole + Ibrance started. (4) Flu in 2 mo c
 Signature PET 3/18 - (4) right breast mass SUV 7.5, CBC, CMP, CA 27.29
 Date

- (5) PET/CT before next visit.

Completed By (2) Bone mets - cont xgeva


 Prasanthi Ganesa, MD

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Please notify institution prior to scheduling surgery dates or follow-up appointments.

Inmate not to be informed of appointment dates.

2017/10/17 10:48:38 2 /4



800 W. Magnolia Avenue, Fort Worth, TX 76104 (817)759-7000

Nicole Bartosh, D.O.
 Matthew Cavey, M.D.
 Gregory Friess, D.O., F.A.C.P.
 Prasanthi Ganesa, M.D.
 Deepna D. Jaiswal, D.O.
 William M. Jordan, D.O.
 Lance Mandell, M.D.

Shadan Mansoor, M.D.
 A. Seyi Ojo, M.D.
 Catherine Oseni, PharmD
 Ray D. Page, D.O., Ph.D., F.A.C.O.I.
 Vinaya Potluri, M.D.
 Bibas Reddy, D.O.

Michael Ross, M.D.
 Mary Ann Skiba, D.O., F.A.C.O.I.
 DeEtte Vasques, D.O.
 Rashmi Verma, M.D.
 Henry Xiong, M.D.
 Gary S. Young, M.D.
 Robyn Young, M.D.

TO:
 UNT Carswell
 1412 May Street
 suite 108
 Fort Worth, Texas
 USA 76104

RE: Patient: Neba, Marie
DOB: [REDACTED] MRN: 103168

FMC CARSWELL
99403-379

Visit Date: Oct 16, 2017

New Patient Note**Diagnosis:**

Malignant neoplasm of lower-outer quadrant of right female breast

Referring Physician: Carswell**Chief Complaint:**

Metastatic breast cancer

HPI:

Pt, referred by Carswell, is a 53 y/o inmate with metastatic breast cancer.

Patient states that she felt right breast pain in December 2016. She subsequently had her mammogram in April, I do not have this report. There is an MRI from 5/30/17 that showed a 5 x 4.7 x 6.9 cm irregular mass at 9:00 right breast with diffuse skin thickening and nipple retraction. There was a 2.7 cm left breast masses well.

Right breast mass at 9:00 and axillary lymph node biopsy were done on 5/15/17. Pathology revealed grade 3 infiltrating ductal carcinoma, ER 100%, PR 50%, HER-2 negative (0), Ki-67 50%. Lymph node was also positive. Patient states that left breast mass was also biopsied and this was negative. I do not have the report of this.

Patient then had CT chest abdomen pelvis. This showed at least 2 and possibly 3 tiny noncalcified pulmonary nodules in the right lung, metastatic lesions excluded. There were multiple vertebral body lytic lesions. No liver lesions noted.

There was a note discussing starting first-line letrozole for her metastatic disease. However, patient was started on weekly Taxol. This was probably due to her large right breast mass. Patient says that she has had 7 weekly Taxol, last chemotherapy was given sometime in September. She notes a clinical response in the right breast. She was transferred here for continuation of therapy.

She denies any pain at this time.

2017/10/17 10:48:38 3 /4

DATE: Oct 16, 2017
 RE: Maria Neba
 [REDACTED]

Current Medications:

reviewed

Allergies: Metformin and Related and Sulfur.**Past History:**

Past Medical History: Ms. Neba's medical history consists of HTN and Grave's Disease in 2008.

Past Procedure/Surgical History: Ms. Neba's surgical/procedural history consists of Right breast biopsy in 2017 and Uterine ablation in 2011.

Family History: Pt was adopted.

Social History: Ms. Neba has never smoked. Ms. Neba is a former drinker.

Ms. Neba reports the following support systems: incarcerated.

GYN History Ms. Neba has had 3 pregnancies and 2 births. She is peri-menopausal. Pt had uterine ablation 2011.

Review Of Systems:

Constitutional	No fevers, chills, night sweats, excessive fatigue or weight loss.
ENMT	No significant visual difficulties. No diplopia. No problems with hearing, no sore throat, no sinus drainage.
Endocrine	No hot flashes or night sweats.
Hematologic/Lymphatic	No easy bruising or bleeding. The patient denies any tender or palpable lymph nodes
Breasts	+right breast mass
Respiratory	No dyspnea on exertion, chest pain, cough or hemoptysis.
Cardiovascular	No anginal chest pain, palpitations or orthopnea.
Gastrointestinal	No nausea, vomiting, diarrhea, GI bleeding, or constipation.
Genitourinary (F)	No vaginal bleeding or pelvic pain.
Musculoskeletal	+bone mets
Skin	No chronic rashes, inflammation, ulcerations or skin changes.
Neurologic	No headache, blurred vision, and no areas of focal weakness or numbness. Normal gait.
Psychiatric	No sensory problems.
	No insomnia, depression, mania or mood swings. No psychotropic drugs.

Vital Signs:

Performed on Oct 16, 2017 15:15: HT - 64.0 in, WT - 245.4 lbs, BSA - 2.13 sq.m, BMI - 42.12 (HIGH), T - 97.2 F, P - 68 /min, R - 16 /min, BP - 151/94 mm(hg) (HIGH), and Pain Assessment - 8.

Performance Status: 1 - No physically strenuous activity, but ambulatory and able to carry out light or sedentary work (e.g. office work, light house work). (ECOG)**Physical Exam:**

Constitutional	Alert, cooperative, oriented x 3. Mood and affect appropriate.
ENMT	PERRL, no scleral icterus, oropharynx clear, moist MM's.
Neck	Supple without masses.
Hematologic/Lymphatic	No cervical, supraclavicular, axillary or inguinal lymphadenopathy.
Respiratory	Lungs are clear to auscultation without rhonchi or wheezing.

Electronically signed by: Prasanthi Ganesa on 10/16/2017 10:41:17

Page: 2

2017/10/17 10:48:38 4 /4

DATE: Oct 16, 2017
RE: Marie Neba
[REDACTED]

Cardiovascular	Regular rate and rhythm without murmurs, gallops or rubs.
Breasts	+right breast mass occupying lower outer quadrant palpable. +skin thickening in the area.
Abdomen	Left breast without masses. Soft, non-tender, non-distended, no masses, ascites or hepatosplenomegaly. Good bowel sounds.
Musculoskeletal	No tenderness or swelling, normal range of motion without obvious weakness.
Extremities	No visible deformities, no cyanosis, clubbing or edema. Pulses 4+ and equal bilaterally.
Skin	No rashes, scars, or lesions suggestive of malignancy.
Neurologic	No sensory or motor deficits, normal cerebellar function, normal gait.
Psychiatric	Coherent speech. Verbalizes understanding of our discussions today.

Impression:

Stage IV breast cancer (bone metastases)

Diagnosed on 5/15/17 - Right breast mass and axillary LN biopsy- grade 3 infiltrating ductal carcinoma, ER 100%, PR 50%, HER-2 negative (0), Ki-67 50%. Lymph node was also positive.

CT CAP - bone mets. 3 pulm nodules, significance unclear. No liver mets.

8/17 - 9/17 - Weekly taxol x 7 (clinical response in breast mass noted)

10/17/17 - Transferred to Carswell and seen by me

-Reviewed available records. Will restage at this time with PET. If disease limited to breast and bone only mets, it maybe reasonable to consider right MRM for local control. Will need referral to Dr. Ojo but will decide after next visit.

Since it is strongly ER+, hormonal therapy preferred and no need for chemo at this time. Will check on menopausal status If postmen, plan to start letrozole + Ibrance. If premen, tamoxifen.

Plan:

PET scan

Labs today

F/u with me next week

Thank you for allowing me to participate in the care of this patient.

Electronically Signed By: Prasanthi Ganesa, M.D. on Oct 17, 2017 10:40AM

CC:

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	NEBA, MARIE	Reg #:	99403-379
Date of Birth:	[REDACTED]	Race:	BLACK
Scanned Date:	10/17/2017 13:47 EST	Facility:	CRW

Reviewed with New Encounter Note by Grullon-Mejia, Jeanette MD on 10/18/2017 12:19.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	NEBA, MARIE	Reg #:	99403-379
Date of Birth:	[REDACTED]	Sex:	F
Note Date:	10/18/2017 12:19	Race:	BLACK
		Provider:	Grullon-Mejia, Jeanette
		Facility:	CRW
		Unit:	G02

Review Note - Consultation Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Grullon-Mejia, Jeanette MD

Oncologist recommends follow up with PET scan in 2 weeks. PET was ordered and pending.

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Oncology	10/31/2017	10/31/2017	Urgent	No	

Subtype:

The Center off site

Reason for Request:

Dr. Ganesa recommends follow up in 2 weeks with results of PET scan which is scheduled for 10-23-2017 for this 53 y/o patient with metastatic breast cancer.

Provisional Diagnosis:

Metastatic breast cancer

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

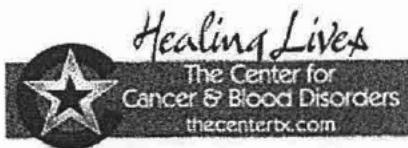
Completed by Grullon-Mejia, Jeanette MD on 10/18/2017 12:21

FROM:API DEV (8173396606) TO:817-735-7724
103168 NEBA, MARIE

Page 1 of 2

26-Oct-2017 16:05 CT PAGE: 1/2

TCC00029384 PET/CT SKULL BASE TO MID THIGH (78815)

FMC CARSWELL
99403-379

Center for Cancer and Blood Disorders
800 West Magnolia Avenue
Fort Worth TX 76104
Phone: 817-759-7000 Fax: 817-759-7027

Patient Name: NEBA, MARIE
 DOB: [REDACTED]
 Physician: PRASANTI GANESA

MRN:
 Date of Exam:
 Accession:

103168
 10/23/2017
 TCC00029384

Exam: PET/CT SKULL BASE TO MID THIGH (78815)

Reason: BREAST CA

Final Report**EXAM: PET/CT SKULL BASE TO MID THIGH (78815)**

HISTORY: 53-year-old female with recently diagnosed right-sided breast cancer and axillary metastases. Outside CT demonstrated findings suspicious for L3 for osseous metastases. Further evaluate.

TECHNIQUE: Approximately 60 minutes following the IV administration of mCi of 2-[18F] fluoro-2-deoxy-D-glucose (FDG), whole body imaging was performed on a PET/CT scanner. CT images were obtained for attenuation correction and anatomic localization. Imaging was performed from the base of the skull to the proximal thighs. Patient's blood glucose level at the time of injection was mg/dL.

All CT scans are performed using dose optimization techniques as appropriate to the exam being performed. These techniques including automatic exposure control and/or standardized protocols utilizing dose matching according to exam type and patient size.

COMPARISON: Comparison imaging not available however comparison report available dated 6/13/2017.

FINDINGS:

Visualized intracranial activity appears within normal limits. Expected physiologic activity within the aerodigestive soft tissues. Left level 2 lymph node measures 0.7 cm image 20 of series 4 demonstrates borderline hypermetabolic activity, max SUV 3.33. Right level 2 lymph node measures 0.7 cm image 25 of series 2 and demonstrates borderline mild hypermetabolic activity, max SUV 3.31. No supraclavicular lymphadenopathy. Otherwise the soft tissues of the head and neck appear within normal limits.

Spiculated lateral right breast soft tissue mass measures 4.8 x 3.1 cm. Max SUV measures 3.44 reflecting mild hypermetabolic activity. Mild overlying cutaneous thickening is present with mildly elevated FDG. No frank with hypermetabolic activity identified. No additional focal breast lesions identified. Nonenlarged right axillary lymph nodes identified. Right axillary lymph node measures 0.5 cm image 45 of series 4 with max SUV of 1.38 which appears symmetric to the left-sided axillary lymph nodes.

Right hilar hypermetabolic lymphadenopathy superiorly roughly measures 0.9 cm with max SUV of 5.38. Right lateral hilar lymphadenopathy measures roughly 0.7 cm with max SUV of 4.92. Otherwise hilar activity appears within normal limits. No suspicious pulmonary nodule or focal infiltrate. Large airways appear unremarkable. Calcified plaque with thoracic aorta. Mild global cardiomegaly.

FROM:API DEV (8173396606) TO:817-735-7724

26-Oct-2017 16:05 CT PAGE: 2/2

103168 NEBA, MARIE

Page 2 of 2

TCC00029384 PET/CT SKULL BASE TO MID THIGH (78815)

Small focus of activity is identified within the right retroperitoneum with max SUV of 5.43 on CT imaging is appears to correspond to the right renal artery image 90 of series 4 which could possibly relate to atherosclerosis or misregistration activity from the adjacent duodenum however attention on follow-up exams is recommended. 2 small foci of hypermetabolic activity are identified involving the midline anterior pelvis subcutaneous tissues at the site of prior expected incision. These measure max SUV of 4.47 on the right and 5.36 on the left see image 130 of series 4. This is favored inflammatory related to prior surgical incision site. Left external iliac lymphadenopathy demonstrates hypermetabolic activity max SUV 5.76. The lymph node measures 0.8 cm image 136 of series 4. Otherwise genitourinary and bowel activity appear within normal limits.

Numerous sclerotic lesions are identified throughout the visualized osseous structures particularly involving the thoracolumbar spine and pelvis. The L4 lesion demonstrates lytic component. The larger lesions demonstrate hypermetabolic activity. 2 confluent lesions within the posterior right ilium measure 2.5 x 1.0 cm with max SUV of 9.8. The lytic L4 lesion demonstrates Max SUV of 5.8. No significant vertebral body height loss. Hypermetabolic lesions are identified within the T2, T4, T6, T8, T9, T12, L2, L3, L4, and L5 vertebral bodies. Sternal body hypermetabolic lesion is present including manubrial lesion. No pathologic fracture visualized.

Findings likely fibroid uterus. Mild colonic stool burden.

IMPRESSION:

Hypermetabolic right breast mass consistent with the patient's reported history of right breast malignancy. Nonspecific mild right breast cutaneous thickening with mildly elevated FDG activity.

Hypermetabolic right hilar and left pelvic lymphadenopathy concerning for metastatic disease. Borderline hypermetabolic bilateral cervical lymph nodes, reactive versus metastatic. Of note the right axillary lymph nodes appear normal in size and FDG uptake.

Findings of widespread osseous metastatic disease, as detailed in the findings. No evidence of pathologic fracture.

Indeterminate focus of hypermetabolic activity within the right retroperitoneum which appears to correspond to the right renal artery and may reflect sequela of atherosclerosis however indeterminate. Attention on follow-up exams is recommended.

Two small foci of soft tissue hypermetabolic activity within the paramidline anterior pelvic subcutaneous tissues at the site of prior incision are favored inflammatory related to the prior incision however attention on follow-up exams.

Additional findings, as discussed above.

Finalized BY:EICKENHORST, DANIEL ROBERT MD 10/23/2017 14:31:28
Report Ends

2017/10/26 15:39:48 2 /5



800 W. Magnolia Avenue, Fort Worth, TX 76104 (817)759-7000

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DeEtte Vasques, D.O.
Henry Xiong, M.D.
Gary S. Young, M.D.
Robyn Young, M.D.

TO:
UNT Carswell
1412 May Street
suite 108
Fort Worth, Texas
USA 76104

RE: Patient: Neba, Marie
DOB: Jul 05, 1964 MRN: 103168

49403-379

Federal Medical Center-Carswell
P.O. Box 27066
Fort Worth, TX 76127-0666

Visit Date: Oct 25, 2017

Follow Up Visit

Diagnosis:

Primary C50.511 - Malignant neoplasm of lower-outer quadrant of right female breast, Diagnosed Oct 16, 2017 (Active)

Chief Complaint:
Metastatic breast cancer

HPI:

Pt, referred by Carswell, is a 53 y/o inmate with metastatic breast cancer.

Patient states that she felt right breast pain in December 2016. She subsequently had her mammogram in April, I do not have this report. There is an MRI from 5/30/17 that showed a 5 x 4.7 x 6.9 cm irregular mass at 9:00 right breast with diffuse skin thickening and nipple retraction. There was a 2.7 cm left breast masses well.

Right breast mass at 9:00 and axillary lymph node biopsy were done on 5/15/17. Pathology revealed grade 3 infiltrating ductal carcinoma, ER 100%, PR 50%, HER-2 negative (0), Ki-67 50%. Lymph node was also positive. Patient states that left breast mass was also biopsied and this was negative. I do not have the report of this.

Patient then had CT chest abdomen pelvis. This showed at least 2 and possibly 3 tiny noncalcified pulmonary nodules in the right lung, metastatic lesions excluded. There were multiple vertebral body lytic lesions. No liver lesions noted.

There was a note discussing starting first-line letrozole for her metastatic disease. However, patient was started on weekly Taxol. This was probably due to her large right breast mass. Patient says that she has had 7 weekly Taxol, last chemotherapy was given sometime in September. She notes a clinical response in the right breast. She was transferred here for continuation of therapy.

2017/10/26 15:39:48 3 /5

DATE: Oct 25, 2017
 RE: Marie Neba
 Jul 05, 1964

10/23/17 – PET scan at The Center revealed hypermetabolic right breast mass consistent with the patient's reported history of right breast malignancy. Nonspecific mild right breast cutaneous thickening with mildly elevated FDG activity. Hypermetabolic right hilar and left pelvic lymphadenopathy concerning for metastatic disease. Borderline hypermetabolic bilateral cervical lymph nodes, reactive versus metastatic. Of note the right axillary lymph nodes appear normal in size and FDG uptake. Findings of widespread osseous metastatic disease. No evidence of pathologic fracture. Indeterminate focus of hypermetabolic activity within the right retroperitoneum which appears to correspond to the right renal artery and may reflect sequela of atherosclerosis however indeterminate. Attention on follow-up exams is recommended. Two small foci of soft tissue hypermetabolic activity within the paramidline anterior pelvic subcutaneous tissues at the site of prior incision are favored inflammatory related to the prior incision however attention on follow-up exams.

Interval Hx:

Patient returns for follow-up. She reports bone pain. Denies SOB.

Current Medications:

Docusate Sodium, Multiple Vitamin, Telmisartan, Vitamin D

Allergies: Metformin and Related and Sulfur.

Review Of Systems:

Constitutional	No fevers, chills, night sweats, excessive fatigue or weight loss.
ENMT	No significant visual difficulties. No diplopia. No problems with hearing, no sore throat, no sinus drainage.
Endocrine	No hot flashes or night sweats.
Hematologic/Lymphatic	No easy bruising or bleeding. The patient denies any tender or palpable lymph nodes
Respiratory	No dyspnea on exertion, chest pain, cough or hemoptysis.
Cardiovascular	No anginal chest pain, palpitations or orthopnea.
Gastrointestinal	No nausea, vomiting, diarrhea, GI bleeding, or constipation.
Genitourinary (F)	No vaginal bleeding or pelvic pain.
Musculoskeletal	+bone pain
Skin	No chronic rashes, inflammation, ulcerations or skin changes.
Neurologic	No headache, blurred vision, and no areas of focal weakness or numbness. Normal gait. No sensory problems.
Psychiatric	No insomnia, depression, mania or mood swings. No psychotropic drugs.

Vital Signs:

Performed on Oct 25, 2017 15:33: HT - 64.00 in, WT - 255.6 lbs (HIGH), BSA - 2.17 sq.m, BMI - 43.87 (HIGH), T - 97.6 F, P - 64 /min, R - 16 /min, BP - 140/81 mm(hg), and Pain Assessment - 2.

Performance Status: 1 - No physically strenuous activity, but ambulatory and able to carry out light or sedentary work (e.g. office work, light house work). (ECOG)

Physical Exam:

Constitutional	Alert, cooperative, oriented x 3. Mood and affect appropriate.
ENMT	PERL, no scleral icterus, oropharynx clear, moist MM's.
Neck	Supple without masses.
Hematologic/Lymphatic	No cervical, supraclavicular, axillary or inguinal lymphadenopathy.
Respiratory	Lungs are clear to auscultation without rhonchi or wheezing.

Electronically signed by: Prasanthi Ganesa on 10/25/2017 15:20:57

2017/10/26 15:39:48 4 /5

DATE: Oct 25, 2017
 RE: Marie Neba
 [REDACTED]

Cardiovascular	Regular rate and rhythm without murmurs, gallops or rubs.
Breasts	+right breast mass occupying lower outer quadrant palpable. +skin thickening in the area.
Abdomen	Left breast without masses. Soft, non-tender, non-distended, no masses, ascites or hepatosplenomegaly. Good bowel sounds.
Musculoskeletal	No tenderness or swelling, normal range of motion without obvious weakness.
Extremities	No visible deformities, no cyanosis, clubbing or edema. Pulses 4+ and equal bilaterally.
Skin	No rashes, scars, or lesions suggestive of malignancy.
Neurologic	No sensory or motor deficits, normal cerebellar function, normal gait.
Psychiatric	Coherent speech. Verbalizes understanding of our discussions today.

Labs:

Latest results reviewed.

Impression:

Stage IV breast cancer (bone metastases)

Diagnosed on 5/15/17 - Right breast mass and axillary LN biopsy— grade 3 infiltrating ductal carcinoma, ER 100%, PR 50%, HER-2 negative (0), Ki-67 50%. Lymph node was also positive.

CT CAP - bone mets. 3 pulm nodules, significance unclear. No liver mets.

8/17 - 9/17 - Weekly taxol x 7 (clinical response in breast mass noted)

10/17/17 - Transferred to Carswell and seen by me

10/23/17 – PET scan at The Center revealed hypermetabolic right breast mass consistent with the patient's reported history of right breast malignancy. Nonspecific mild right breast cutaneous thickening with mildly elevated FDG activity. Hypermetabolic right hilar and left pelvic lymphadenopathy concerning for metastatic disease. Borderline hypermetabolic bilateral cervical lymph nodes, reactive versus metastatic. Of note the right axillary lymph nodes appear normal in size and FDG uptake. Findings of widespread osseous metastatic disease. No evidence of pathologic fracture. Indeterminate focus of hypermetabolic activity within the right retroperitoneum which appears to correspond to the right renal artery and may reflect sequela of atherosclerosis however indeterminate. Attention on follow-up exams is recommended. Two small foci of soft tissue hypermetabolic activity within the paramidline anterior pelvic subcutaneous tissues at the site of prior incision are favored inflammatory related to the prior incision however attention on follow-up exams.

-Reviewed results Needs 1st line hormonal therapy with letrozole and Ibrance. Postmen status confirmed on labs.

We discussed letrozole plus the newly approved CDK4 Inhibitor, palbociclib or Ibrance. FDA granted an accelerated approval to Ibrance. This was studied in 165 postmenopausal women with ER positive, HER-2 negative advanced breast cancer who had not received previous treatment for advanced disease. There were randomly assigned to receive Ibrance in combination with letrozole or letrozole alone. Participants treated with Ibrance plus letrozole had PFS of 20.2 months compared to 10.2 months with letrozole alone. The most common side effects of this drug included fatigue, cytopenias, stomatitis, hair loss, diarrhea, peripheral neuropathy. The recommendation is to begin with 125 mg daily for 21 days, 7 days off.

Plan:

Electronically signed by: Prasanthi Ganesa on 10/25/2017 15:20:57

2017/10/26 15:39:48 5 /5

DATE: Oct 25, 2017
RE: Marie Neba
[REDACTED]

Start letrozole + Ibrance - see orders

Start ASAP

F/u in 2wks

Xgeva q4wks

Electronically Signed By: Prasanthi Ganesa, M.D. on Oct 26, 2017 3:20PM

CC:

Electronically signed by: Prasanthi Ganesa on 10/25/2017 15:20:57

Page: 4

Inmate Name:	NEBA, MARIE	Reg #:	99403-379
Date of Birth:	[REDACTED]	Sex:	F
Note Date:	09/18/2018 12:05	Provider:	Race: BLACK Grullon-Mejia, Jeanette
		Facility:	CRW
		Unit:	G02

Subtype:

CKD Stage 3-4 Consult

17

Reason for Request:

54 y/o female with hx of DM, hypertension, metastatic breast cancer to bone presenting with CKD stage 3.
Please evaluate and advise. Thanks.

Provisional Diagnosis:

CKD stage 3

17

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Grullon-Mejia, Jeanette MD on 09/18/2018 12:15

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: NEBA, MARIE	Reg #: 99403-379
Date of Birth: [REDACTED]	Facility: CRW
Encounter Date: 09/07/2018 09:02	Unit: G02

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Grullon-Mejia, Jeanette MD

Chief Complaint: Chronic Care Clinic

Subjective: 54 y/o female with hx of HTN and post ablation hypothyroidism. (Patient had Graves and had ablation in 2008)

On 05-2017 patient was diagnosed with right breast cancer and was started on Taxol. Patient had completed 7/9 cycles. A CT showed a lung nodule and a lytic lesion in her spine. Patient was transferred to Carswell for further treatment and follow up. She has developed neuropathy secondary to chemotherapy.

PET showed metastasis in the spine. She is currently on Xgeva, besides other chemotherapy agents.

Patient c/o persistent burning sensation in her feet.

Hypothyroidism: Patient states that after it she was started on Levothyroxine, but was not effective and was changed to brand name. She c/o weight gain. Continues taking medication and TSH was within therapeutic range. Last test was in 05-2018 0.9. Will repeat

HTN: Controlled with medication. Denies chest pain or shortness of breath.

Pain: Yes

Pain Assessment

Date: 09/07/2018 09:52

Location: Multiple Locations

Quality of Pain: Burning

Pain Scale: 6

Intervention: Cymbalta

Trauma Date/Year:

Injury:

Mechanism:

Onset: 1-5 Years

Duration: 1-5 Years

Exacerbating Factors: None

Relieving Factors: None

Reason Not Done:

Comments:

Seen for clinic(s): Endocrine/Lipid, General, Hypertension

ROS:

Breasts

General

Yes: Lumps, Previous Surgery/Biopsy

Cardiovascular

General

Yes: Hx Hypertension

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	NEBA, MARIE	Reg #:	99403-379
Date of Birth:		Facility:	CRW
Note Date:	11/07/2018 15:00	Unit:	G02

Review Note - Consultation Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Grullon-Mejia, Jeanette MD

Evaluated by Oncologist. Recommends to continue Imbrance and change Xgeva to every 8 weeks, PET scan before next visit in 3 months.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Denosumab 120 mg/1.7 ml subc Inj (Xgeva)	11/07/2018 15:00	120 mg Subcutaneously Every 8 Weeks x 180 day(s) Pill Line Only

Indication: Malignant neoplasm of female breast

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
620634-CRW	Denosumab Subc Soln 120 MG/1.7ML	11/07/2018 15:00	Inject 120mg (XGEVA) subcutaneously every 4 weeks **non-formulary approved until: 10/30/18

Discontinue Type: When Pharmacy Processes

Discontinue Reason: Order changed

Indication:

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC	One Time	01/28/2019 00:00	Routine
Lab Tests-C-CA 27.29			
Lab Tests - Short List-General-Comprehensive			
Metabolic Profile (CMP)			

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Oncology	02/07/2019	02/07/2019	Routine	No	

Subtype:

Onsite oncology clinic

Reason for Request:

54 y/o with hx of breast cancer with metastasis to bone, evaluated by Oncologist. Requests follow up in 3 months with PET scan prior.

Provisional Diagnosis:

Breast cancer with metastasis to bone

Radiology	01/28/2019	01/28/2019	Routine	No
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Subtype:

off site PET Scan

Reason for Request:

54 y/o with hx of breast cancer with metastasis to bone, evaluated by Oncologist. Requests follow up in 3

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	NEBA, MARIE	Sex:	F	Reg #:	99403-379
Date of Birth:	[REDACTED]			Race:	BLACK
Scanned Date:	07/25/2018 12:06 EST			Facility:	CRW

Reviewed by Grullon-Mejia, Jeanette MD on 07/25/2018 11:15.

5/28

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: NEBA, MARIE	Reg #: 99403-379	Complex: CRW
Date of Birth: 07/05/1964	Sex: F	

Consultation/Procedure Requested: Oncology**Subtype:** Onsite oncology clinic**Priority:** Routine**Target Date:** 05/24/2018**Reason for Request:**

Oncologist recommends follow up in 2 months with labs. (Ordered)

Provisional Diagnosis:

Metastatic breast cancer

Medications (As of 04/05/2018)

Clindamycin HCl 300 MG Cap Exp: 04/09/2018 SIG: Take one capsule (300 MG) by mouth three times daily until gone

Denosumab Subc Soln 120 MG/1.7ML Exp: 08/31/2018 SIG: Inject 120mg (XGEVA) subcutaneously every 4 weeks
non-formulary approved until: 10/30/18 *pill line***

Docusate Sodium 100 MG Cap Exp: 09/03/2018 SIG: Take one capsule (100 MG) by mouth twice daily for chronic severe constipation due to intestinal hypomotility disorder

DULoxetine HCl Delayed Rel 60 MG Cap Exp: 09/03/2018 SIG: Take one capsule (60 MG) by mouth each day for neuropathy ***pill line*** ***pill line***

Letrozole 2.5 MG Tab Exp: 09/03/2018 SIG: Take one tablet (2.5 MG) by mouth each day **non-formulary approved until: 10/30/18

Multivitamin Tab Exp: 09/03/2018 SIG: Take one tablet by mouth each day **non-formulary approved until: 9/27/18 (Daily-Vite)

Naproxen E.C. 500 MG Tab Exp: 06/05/2018 SIG: Take one tablet (500 MG) by mouth twice daily AS NEEDED for bone pain due to metastasis

Palbociclib 125 MG Capsules Exp: 09/03/2018 SIG: Take one capsule (125 MG) by mouth daily for 21 days followed by 7 days off for malignant neoplasm of breast ***pill line*** Repeat cycle every 28 days **non-formulary approved until: 10/30/18 ***pill line***

Telmisartan-HCTZ 40-12.5 MG Tablet Exp: 09/03/2018 SIG: Take one tablet by mouth each day to control blood pressure ***non-formulary approved*** until 9/27/18

Tirosint 125 MCG Capsule Exp: 09/03/2018 SIG: Take one capsule (125 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism ***non-formulary approved**** until 9/27/18

Vitamin D (Cholecalciferol) 1000 UNIT Tab Exp: 09/03/2018 SIG: Take one tablet (1000 UNIT) by mouth each day

Allergies (As of 04/05/2018)

Sulfur, Metformin HCL

Health Problems (As of 04/05/2018)

Unspecified glaucoma, Rash and other nonspecific skin eruption, Essential (primary) hypertension, Hypothyroidism, Malignant neoplasm of female breast, Allergy status to sulfonamides status, Allergy status to unsp drug/meds/biol subst status, Constipation, unspecified, Encounter for gynecological exam (general) (routine) without abnormal findings, Polyneuropathy, unspecified, Myopia, Presbyopia, Unspecified glaucoma

Inmate Requires Translator: No **Language:****Additional Records Required:****Comments:****Requested By:** Grullon-Mejia, Jeanette MD**Ordered Date:** 03/27/2018 13:33**Scheduled Target Date:** 05/24/2018 00:00**Level of Care:** Medically Necessary - Non-Emergent

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	NEBA, MARIE	Reg #:	99403-379
Date of Birth:		Facility:	CRW
Note Date:	10/18/2018 08:44	Unit:	G02

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Grullon-Mejia, Jeanette MD

Needs refills

Renew Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
614187-CRW	Denosumab Subc Soln 120 MG/1.7ML	10/18/2018 08:44	Inject 120mg (XGEVA) subcutaneously every 4 weeks **non-formulary approved until: 10/30/18 x 180 day(s) Pill Line Only
614190-CRW	Letrozole 2.5 MG Tab	10/18/2018 08:44	Take one tablet (2.5 MG) by mouth each day **non-formulary approved until: 10/30/18 x 180 day(s)
614192-CRW	Palbociclib 125 MG Capsules	10/18/2018 08:44	Take one capsule (125 MG) by mouth daily for 21 days followed by 7 days off for malignant neoplasm of breast ***pill line*** Repeat cycle every 28 days **non-formulary approved until: 10/30/18 x 180 day(s) Pill Line Only
614194-CRW	Telmisartan-HCTZ 40-12.5 MG Tablet	10/18/2018 08:44	Take one tablet by mouth each day to control blood pressure ***non-formulary approved*** until 9/27/18 x 180 day(s)
614195-CRW	Tirosint 125 MCG Capsule	10/18/2018 08:44	Take one capsule (125 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism ***non-formulary approved*** until 9/27/18 x 180 day(s)

Indication: Hypothyroidism

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Grullon-Mejia, Jeanette MD on 10/18/2018 08:46

Inmate Name:	NEBA, MARIE	Reg #:	99403-379
Date of Birth:	[REDACTED]	Sex:	F
Note Date:	11/07/2018 15:00	Provider:	Race: BLACK Grullon-Mejia, Jeanette
		Facility:	CRW
		Unit:	G02

months with PET scan prior.

Provisional Diagnosis:

Breast cancer with bone metastasis

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Grullon-Mejia, Jeanette MD on 11/07/2018 15:06

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	NEBA, MARIE	Reg #:	99403-379
Date of Birth:	XXXXXXXXXX	Sex:	F
Note Date:	07/31/2018 14:33	Race:	BLACK
		Provider:	Grullon-Mejia, Jeanette
		Facility:	CRW
		Unit:	G02

Review Note - Consultation Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Grullon-Mejia, Jeanette MD

Patient evaluated by Oncologist. Recommends follow up in 3 months. Continue same treatment. Compazine 10 mg q 6 hours PRN

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Prochlorperazine Oral Tablet	07/31/2018 14:33	10 mg Orally every 6 hours PRN x 90 day(s) -- For nausea caused by chemotherapy

Indication: Malignant neoplasm of female breast

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Oncology	10/30/2018	10/30/2018	Routine	No	

Subtype:

Onsite oncology clinic

Reason for Request:

54 y/o female with hx of Metastatic breast cancer to bones. Patient evaluated by Oncologist. Recommends follow up in 3 months. Continue same treatment. Compazine 10 mg q 6 hours PRN

Provisional Diagnosis:

Metastatic breast cancer

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Grullon-Mejia, Jeanette MD on 07/31/2018 14:37

Bureau of Prisons Health Services Cosign/Review

Inmate Name: NEBA, MARIE Reg #: 99403-379
Date of Birth: [REDACTED] Sex: F Race: BLACK
Scanned Date: 11/07/2018 11:48 EST Facility: CRW

Reviewed with New Encounter Note by Grullon-Mejia, Jeanette MD on 11/07/2018 15:00.

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: NEBA, MARIE	Reg #: 99403-379	Complex: CRW
Date of Birth: [REDACTED]	Sex: F	

Consultation/Procedure Requested: Oncology

Subtype: Onsite oncology clinic

Priority: Urgent

Target Date: 11/10/2017

Reason for Request:

53 y/o female with hx of metastatic breast cancer evaluated by Oncologist. Needs follow up in 2 weeks

Provisional Diagnosis:

Metastatic breast cancer

Medications (As of 01/26/2018)

Denosumab Subc Soln 120 MG/1.7ML Exp: 06/02/2018 SIG: Inject 120mg (XGEVA) subcutaneously every 4 weeks **non-formulary approved until: 10/30/18 ***pill line***

Docusate Sodium 100 MG Cap Exp: 06/03/2018 SIG: Take one capsule (100 MG) by mouth twice daily for chronic severe constipation due to Intestinal hypomotility disorder

DULoxetine HCl Delayed Rel 60 MG Cap Exp: 05/31/2018 SIG: Take one capsule (60 MG) by mouth each day for neuropathy ***pill line*** ***pill line***

Letrozole 2.5 MG Tab Exp: 06/03/2018 SIG: Take one tablet (2.5 MG) by mouth each day **non-formulary approved until: 10/30/18

Multivitamin Tab Exp: 03/05/2018 SIG: Take one tablet by mouth each day **non-formulary approved until: 9/27/18

Palbociclib 125 MG Capsules Exp: 05/23/2018 SIG: Take one capsule (125 MG) by mouth daily for 21 days followed by 7 days off for malignant neoplasm of breast ***pill line*** Repeat cycle every 28 days **non-formulary approved until: 10/30/18 ***pill line***

Telmisartan-HCTZ 40-12.5 MG Tablet Exp: 06/03/2018 SIG: Take one tablet by mouth each day to control blood pressure ***non-formulary approved*** until 9/27/18

Tirosint 125 MCG Capsule Exp: 06/03/2018 SIG: Take one capsule (125 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism ***non-formulary approved*** until 9/27/18

Vitamin D (Cholecalciferol) 1000 UNIT Tab Exp: 06/03/2018 SIG: Take one tablet (1000 UNIT) by mouth each day

Allergies (As of 01/26/2018)

Sulfur, Metformin HCL

Health Problems (As of 01/26/2018)

Essential (primary) hypertension, Hypothyroidism, Malignant neoplasm of female breast, Allergy status to sulfonamides status, Allergy status to unsp drug/meds/biol subst status, Constipation, unspecified, Encounter for gynecological exam (general) (routine) without abnormal findings, Polyneuropathy, unspecified, Myopia, Presbyopia, Unspecified glaucoma, Unspecified glaucoma

Inmate Requires Translator: No **Language:**

Additional Records Required:

Comments:

11/2/17 Printed. JG-UNT

Requested By: Grullon-Mejia, Jeanette MD

Ordered Date: 10/30/2017 06:22

Scheduled Target Date: 11/10/2017 00:00

Level of Care: Medically Necessary - Non-Emergent

Bureau of Prisons
Health Services
Consultation Request

Inmate Name: NEBA, MARIE

Reg #: 99403-379

Complex: CRW

Date of Birth: [REDACTED]

Sex: F

Request Approval Actions:

Approved by Langham, Charles MD/CD acting in the role of Institution Clinical Director on 10/30/2017.

Bureau of Prisons Health Services Cosign/Review

Inmate Name: NEBA, MARIE Reg #: 99403-379
Date of Birth: [REDACTED] Sex: F Race: BLACK
Scanned Date: 10/30/2017 12:39 EST Facility: CRW

Reviewed by Grullon-Mejia, Jeanette MD on 10/30/2017 12:03.